

FILED IN THE
U.S. DISTRICT COURT
EASTERN DISTRICT OF WASHINGTON

Mar 31, 2023

SEAN F. McAVOY, CLERK

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WASHINGTON

CONNOR S.,

Plaintiff,

v.

KILOLO KIJAKAZI,
ACTING COMMISSIONER OF
SOCIAL SECURITY,

Defendant.

No. 1:21-CV-03134-JAG

ORDER GRANTING
PLAINTIFF'S MOTION
FOR SUMMARY JUDGMENT

BEFORE THE COURT are cross-motions for summary judgment.

ECF Nos. 13, 14. Attorney D. James Tree represents Connor S. (Plaintiff); Special Assistant United States Attorney Sarah Moum represents the Commissioner of Social Security (Defendant). The parties have consented to proceed before a magistrate judge. ECF No. 6. After reviewing the administrative record and the briefs filed by the parties, the Court **GRANTS** Plaintiff's Motion for Summary Judgment and **DENIES** Defendant's Motion for Summary Judgment and **REMANDS** the matter for a finding of disability under sentence four of 42 U.S.C. § 405(g).

I. JURISDICTION

Plaintiff filed applications for benefits on September 8, 2010, alleging disability since June 26, 2009. Tr. 194-99. The applications were denied initially

1 and upon reconsideration. Administrative Law Judge (ALJ) James Sherry held a
2 hearing on September 13, 2012, and issued an unfavorable decision. Tr. 41-59.
3 This Court subsequently remanded the matter. Tr. 974-86. ALJ Virginia M.
4 Robinson held hearings in 2018 and 2019, and issued an unfavorable decision.
5 Tr. 2967-89. On appeal, this Court again remanded the matter. Tr. 3008-13. ALJ
6 Robinson held a fourth hearing on June 22, 2021, and issued an unfavorable
7 decision on August 4, 2021. Tr. 2884-912. Plaintiff appealed this final decision of
8 the Commissioner on October 19, 2021. ECF No. 1.

9 **II. STANDARD OF REVIEW**

10 The ALJ is responsible for determining credibility, resolving conflicts in
11 medical testimony, and resolving ambiguities. *Andrews v. Shalala*, 53 F.3d 1035,
12 1039 (9th Cir. 1995). The ALJ's determinations of law are reviewed *de novo*, with
13 deference to a reasonable interpretation of the applicable statutes. *McNatt v. Apfel*,
14 201 F.3d 1084, 1087 (9th Cir. 2000). The decision of the ALJ may be reversed
15 only if it is not supported by substantial evidence or if it is based on legal error.
16 *Tackett v. Apfel*, 180 F.3d 1094, 1097 (9th Cir. 1999). Substantial evidence is
17 defined as being more than a mere scintilla, but less than a preponderance. *Id.* at
18 1098. Put another way, substantial evidence is such relevant evidence as a
19 reasonable mind might accept as adequate to support a conclusion. *Richardson v.*
20 *Perales*, 402 U.S. 389, 401 (1971). If the evidence is susceptible to more than one
21 rational interpretation, the Court may not substitute its judgment for that of the
22 ALJ. *Tackett*, 180 F.3d at 1098; *Morgan v. Comm'r of Soc. Sec. Admin.*, 169 F.3d
23 595, 599 (9th Cir. 1999).

25 If substantial evidence supports the administrative findings, or if conflicting
26 evidence supports a finding of either disability or non-disability, the ALJ's
27 determination is conclusive. *Sprague v. Bowen*, 812 F.2d 1226, 1229-1230 (9th
28 Cir. 1987). Nevertheless, a decision supported by substantial evidence will be set

1 aside if the proper legal standards were not applied in weighing the evidence and
2 making the decision. *Brawner v. Sec'y of Health and Human Services*, 839 F.2d
3 432, 433 (9th Cir. 1988).

4 III. SEQUENTIAL EVALUATION PROCESS

5 The Commissioner has established a five-step sequential evaluation process
6 for determining whether a person is disabled. 20 C.F.R. §§ 404.1520(a),
7 416.920(a); *Bowen v. Yuckert*, 482 U.S. 137, 140-142 (1987). In steps one through
8 four, the claimant bears the burden of establishing a *prima facie* case of disability.
9 *Tackett*, 180 F.3d at 1098-1099. This burden is met once a claimant establishes
10 that a physical or mental impairment prevents the claimant from engaging in past
11 relevant work. 20 C.F.R. §§ 404.1520(a)(4), 416.920(a)(4). If a claimant cannot
12 perform past relevant work, the ALJ proceeds to step five, and the burden shifts to
13 the Commissioner to show: (1) the claimant can make an adjustment to other work
14 and (2) the claimant can perform other work that exists in significant numbers in
15 the national economy. *Beltran v. Astrue*, 700 F.3d 386, 389 (9th Cir. 2012). If a
16 claimant cannot make an adjustment to other work in the national economy, the
17 claimant will be found disabled. 20 C.F.R. §§ 404.1520(a)(4)(v), 416.920(a)(4)(v).

19 IV. ADMINISTRATIVE FINDINGS

20 On August 4, 2021, the ALJ issued a decision finding Plaintiff was not
21 disabled as defined in the Social Security Act. Tr. 2884-912. Utilizing the five-
22 step disability evaluation process, the ALJ found:

23 At *step one*, the ALJ found Plaintiff had not engaged in substantial gainful
24 activity since June 26, 2009. Tr. 2888.

25 At *step two*, the ALJ determined Plaintiff has the following severe
26 impairments: lumbar degenerative disk disease; bilateral knee conditions;
27 migraines; left ankle condition; obesity; trochanteric (hip) bursitis; intermittent
28 explosive disorder; depressive disorder; and personality disorder. Tr. 2888.

1 At *step three*, the ALJ found Plaintiff did not have an impairment or
2 combination of impairments that met or medically equaled the severity of one of
3 the listed impairments by the alleged onset date. Tr. 2889.

4 The ALJ assessed Plaintiff's Residual Functional Capacity (RFC) and found
5 Plaintiff can perform light work, subject to the following limitations: he can
6 occasionally climb ramps or stairs; cannot climb ladders, ropes, or scaffolds; can
7 frequently balance; can occasionally stoop, crouch, kneel, and crawl; can
8 occasionally reach overhead, but can reach frequently in other directions; must
9 avoid concentrated exposure to excessive vibration, unprotected heights, and the
10 use of dangerous machinery; can perform simple, routine tasks in a routine work
11 environment with simple, work-related decisions; can have superficial interaction
12 with coworkers and supervisors; can accept instructions and follow directions from
13 supervisors; cannot perform cooperative or teamwork projects, and cannot
14 supervise other employees; and can only have incidental interaction with the
15 public. Tr. 2892.

16 At *step four*, the ALJ found Plaintiff is unable to perform past relevant
17 work. Tr. 2910.

18 At *step five*, the ALJ found that there are jobs that exist in significant
19 numbers in the national economy that Plaintiff can perform. Tr. 2911.
20 Specifically, the ALJ identified the occupations of garment sorter,
21 cleaner/housekeeper, and office helper. Tr. 2911.

22 The ALJ thus concluded Plaintiff was not under a disability within the
23 meaning of the Social Security Act on the date last insured. Tr. 2912.
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V. ISSUES

The question presented is whether substantial evidence supports the ALJ's decision denying benefits and, if so, whether that decision is based on proper legal standards.

Plaintiff raises the following issues for review: (1) whether the ALJ properly evaluated the medical opinion evidence; and (2) whether the ALJ properly evaluated Plaintiff's subjective complaints. ECF No. 13 at 2.

VI. DISCUSSION

A. Medical Opinions.

Because Plaintiff filed his applications before March 27, 2017, the ALJ was required to generally give a treating doctor’s opinion greater weight than an examining doctor’s opinion, and an examining doctor’s opinion greater weight than a non-examining doctor’s opinion. *Garrison v. Colvin*, 759 F.3d 995, 1012 (9th Cir. 2014). An ALJ may only reject the contradicted opinion of a treating or examining doctor by giving “specific and legitimate” reasons. *Revels v. Berryhill*, 874 F.3d 648, 654 (9th Cir. 2017). “Only physicians and certain other qualified specialists are considered ‘[a]cceptable medical sources.’” *Ghanim v. Colvin*, 763 F.3d 1154, 1161 (9th Cir. 2014) (alteration in original). An ALJ may reject the opinion of a non-acceptable medical source by giving reasons germane to the opinion. *Id.* An ALJ may reject the opinion of a nonexamining physician by reference to specific evidence in the medical record. *Sousa v. Callahan*, 143 F.3d 1240, 1244 (9th Cir. 1998) (citations omitted). Plaintiff argues the ALJ misevaluated four sets of medical opinions. ECF No. 13 at 13-21.

1. *Marie Ho, M.D. and Norman Staley, M.D.*

Dr. Ho examined Plaintiff on January 22, 2011, and opined, among other things, Plaintiff is “limited to standing and walking less than two hours at one time without interruption” and “less than six hours” total “in an eight-hour work day”;

1 and “limited to sitting less than two hours at one time without interruption” and
2 “less than six hours” total “in an eight-hour work day.” Tr. 388. Dr. Ho also
3 opined Plaintiff’s “[h]istory of attention deficit disorder, depression, and bipolar
4 disorder may limit [his] ability to function in the workplace.” Tr. 388. Dr. Staley
5 reviewed and largely adopted Dr. Ho’s assessment. Tr. 407-14.

6 The ALJ gave Drs. Ho and Staley’s opinions “little weight.” Tr. 2906. The
7 ALJ first discounted the opinions as inconsistent with Plaintiff’s “typically
8 unremarkable” “clinical presentation”: “He presented in no acute distress, and
9 exhibited little or no abnormality in any area, include gait, station, balance, range
10 of motion, grip, upper and lower extremity strength and muscle tone, and
11 sensation.” Tr. 2906.

12 Substantial evidence does not support this finding. Rather, the record is
13 replete with instances of both physical and mental distress, range of motion
14 impairment, diminished strength, and abnormal sensation. *See, e.g.*, Tr. 325, 652,
15 742, 1552 (distress); Tr. 335, 339, 417, 1665, 2335, 2358 (reduced range of
16 motion); Tr. 357, 441, 547, 616, 1535, 3691 (diminished strength); Tr. 597, 604,
17 2430 (abnormal sensation). When evaluating medical evidence, an ALJ must
18 present a rational and accurate interpretation of that evidence. *See Reddick v.*
19 *Chater*, 157 F.3d 715, 722-23 (9th Cir. 1998) (reversing ALJ’s decision where his
20 “paraphrasing of record material is not entirely accurate regarding the content or
21 tone of the record”). Having not done so here, the ALJ accordingly erred by
22 discounting the opinions on this ground.

23 Second, the ALJ discounted the opinions as inconsistent with Plaintiff’s
24 daily activities. The ALJ found Plaintiff “reported that he could do all daily
25 activities without assistance,” including “shopping in stores, managing his money,
26 preparing meals, doing laundry, scheduling/attending appointments, and walking
27 his dogs several times a day.” Tr. 2906. Plaintiff’s minimal activities are neither

inconsistent with nor a valid reason to discount the doctors' opinions. *See Vertigan v. Halter*, 260 F.3d 1044, 1050 (9th Cir. 2001) ("This court has repeatedly asserted that the mere fact that a plaintiff has carried on certain daily activities, such as grocery shopping, driving a car, or limited walking for exercise, does not in any way detract from her credibility as to her overall disability. One does not need to be 'utterly incapacitated' in order to be disabled.") (quoting *Fair v. Bowen*, 885 F.2d 597, 603 (9th Cir. 1989)); *Reddick*, 157 F.3d at 722 ("Several courts, including this one, have recognized that disability claimants should not be penalized for attempting to lead normal lives in the face of their limitations."); *Cooper v. Bowen*, 815 F.2d 557, 561 (9th Cir. 1987) (noting that a disability claimant need not "vegetate in a dark room" in order to be deemed eligible for benefits). The ALJ accordingly erred by discounting the doctors' opinions on this ground.

Third, the ALJ discounted the opinions as inconsistent with Plaintiff's improvement with medication. Tr. 2906. The ALJ found medication "controlled his pain" and "allowed him to attend to attend to daily activities." Tr. 2906. As discussed above, however, the record is replete with instances of distress and pain and Plaintiff's minimal activities are not inconsistent with the doctors' stated opinions. An ALJ "cannot simply pick out a few isolated instances" of medical health that support her conclusion, but must consider those instances in the broader context "with an understanding of the patient's overall well-being and the nature of [his] symptoms." *Attmore v. Colvin*, 827 F.3d 872, 877 (9th Cir. 2016). As the ALJ did not do so here, the ALJ accordingly erred by discounting the doctors' opinions on this ground.

Fourth, the ALJ appeared to discount Dr. Ho's opinion on the ground that, in the ALJ's view, Plaintiff was "exaggerating his symptoms" during the examination. Tr. 2606. Dr. Ho noted: "There are some inconsistencies. At times,

[he] does not appear to exhibit adequate effort, *but this may be due to pain and inhibition.*" Tr. 384 (emphasis added). Viewed in context, the ALJ's assessment is not reasonable. Moreover, the record indicates Dr. Ho's opinion was based on clinical observations and does not indicate Dr. Ho found Plaintiff to be untruthful. Therefore, this is no evidentiary basis for rejecting the opinion. *Cf. Ryan v. Comm'r of Soc. Sec.*, 528 F.3d 1194, 1199-200 (9th Cir. 2008) ("an ALJ does not provide clear and convincing reasons for rejecting an examining physician's opinion by questioning the credibility of the patient's complaints where the doctor does not discredit those complaints and supports his ultimate opinion with his own observations"); *Edlund v. Massanari*, 253 F.3d 1152, 1159 (9th Cir. 2001). The ALJ accordingly erred by discounting the opinion on this ground.

2. Jose Perez, M.Ed., Philip Barnard, Ph.D., Thomas Genthe, Ph.D.

Intake Specialist Perez examined Plaintiff on July 8, 2010, and opined Plaintiff had moderate limitations understanding, remembering, and following complex instructions, performing routine tasks, responding appropriately to and tolerating the pressures and expectations of a normal work setting, caring for himself, and maintaining appropriate behavior in a work setting; and a marked limitation relating appropriately to co-workers and supervisors. Tr. 322, 324. Perez observed hyperactivity, irritability, anxiousness, and symptoms of depression. Tr. 320-22.

Dr. Barnard examined Plaintiff on July 17, 2014, and opined Plaintiff had moderate limitations understanding, remembering, and persisting in tasks by following detailed instructions and performing activities within a schedule, maintaining regular attendance, and being punctual within normal within customary tolerances without special supervision; and marked limitations communicating and performing effectively in a work setting, completing a normal

1 workday and workweek without interruptions from psychologically based
2 symptoms, and maintaining appropriate behavior in a work setting. Tr. 1551-52.

3 Dr. Genthe examined Plaintiff on March 16, 2018, and opined Plaintiff had,
4 among other things, “severe” limitations communicating and performing
5 effectively in a work setting, maintaining appropriate behavior in a work setting,
6 and completing a normal workday and workweek without interruptions from
7 psychologically based symptoms. Tr. 2531, 2534.

8 The ALJ gave these three opinions “little weight.” Tr. 2907. The ALJ
9 discounted these opinions on two of the same grounds used to discount the
10 opinions of Drs. Ho and Staley: as inconsistent with Plaintiff’s clinical presentation
11 and daily activities. Tr. 2907. As discussed above, the ALJ erred by relying on
12 these unsubstantiated inconsistencies. Moreover, the ALJ’s assessment of
13 Plaintiff’s mental impairments is contrary to well-settled precedent that, in the
14 mental health context, “[c]ycles of improvement and debilitating symptoms are a
15 common occurrence, and in such circumstances it is error for an ALJ to pick out a
16 few isolated instances of improvement over a period of months or years and to
17 treat them as a basis for concluding a claimant is capable of working.” *Garrison*
18 759 F.3d at 1017 (“Reports of ‘improvement’ in the context of mental health issues
19 must be interpreted with an understanding of the patient’s overall well-being and
20 the nature of her symptoms. They must also be interpreted with an awareness that
21 improved functioning while being treated and while limiting environmental
22 stressors does not always mean that a claimant can function effectively in a
23 workplace.”) (internal citation omitted); *Holohan v. Massanari*, 246 F.3d 1195,
24 1205 (9th Cir. 2001) (“That a person who suffers from severe panic attacks,
25 anxiety, and depression makes some improvement does not mean that the person’s
26 impairments no longer seriously affect her ability to function in a workplace.”).
27 Indeed, consistent with the longitudinal medical record, Plaintiff testified to having
28

1 “good days and bad days” with his emotional health. Tr. 2943. Accordingly, the
2 ALJ erred by discounting the opinions on this ground.

3 As to Drs. Barnard and Genthe, the ALJ also discounted these opinions on
4 the ground the doctors “failed to provide sufficient rationale to support [their]
5 assessed limitations.” Tr. 2908. Substantial evidence does not support this
6 finding, as the record makes clear both doctors conducted clinical interviews and
7 performed mental status examinations. *Cf. Lebus v. Harris*, 526 F. Supp. 56, 60
8 (N.D. Cal. 1981) (“Courts have recognized that a psychiatric impairment is not as
9 readily amenable to substantiation by objective laboratory testing as is a medical
10 impairment and that consequently, the diagnostic techniques employed in the field
11 of psychiatry may be somewhat less tangible than those in the field of medicine.
12 In general, mental disorders cannot be ascertained and verified as are most physical
13 illnesses, for the mind cannot be probed by mechanical devices in order to obtain
14 objective clinical manifestations of mental illness.”). The ALJ accordingly erred
15 by discounting the opinions on this ground.

16 Finally, as to Dr. Genthe, the ALJ discounted his opinion on the ground “he
17 had little understanding of the longitudinal record because he reviewed no
18 treatment notes or other records.” Tr. 2908. This reason is legally erroneous, as
19 there is no requirement examining doctors who perform one evaluation – and
20 necessarily assess functioning at the time of the evaluation – review the entirety of
21 the longitudinal record. *See, e.g., Walshe v. Barnhart*, 70 F. App’x 929, 931 (9th
22 Cir. 2003) (stating “Social Security regulations do not require that a consulting
23 physician review all of the claimant’s background records”); *Xiomara F. v.*
24 *Comm’r of Soc. Sec.*, 2020 WL 2731023, at *2 (W.D. Wash. May 26, 2020)
25 (“There is no requirement an examining doctor review records prior to rendering
26 an opinion.”); *Chlarson v. Berryhill*, No., 2017 WL 4355908, at *3 (W.D. Wash.
27 July 28, 2017) (“[N]ot reviewing plaintiff’s prior medical records is not a

1 legitimate basis for the failure to credit fully Dr. Czysz's opinion, as Dr. Czysz
2 examined plaintiff and performed a MSE[.]"), *report and recommendation*
3 *adopted*, 2017 WL 3641907 (W.D. Wash. Aug. 24, 2017); *Al-Mirzah v. Colvin*,
4 2015 WL 457800, at *8 (W.D. Wash. Feb. 3, 2015) ("This rationale, taken to its
5 logical extreme, would allow for the rejection of any and all medical opinions
6 rendered prior to the admission of the claimant's most recent treatment notes into
7 the administrative record.").

8 Further, as discussed above, the ALJ erroneously evaluated the longitudinal
9 record. The ALJ accordingly erred by discounting Dr. Genthe's opinion on this
10 ground.

11 **3. Edward Liu, ARNP.**

12 ARNP Liu, Plaintiff's treating provider, provided opinions in July 2010,
13 December 2010, June 2011, and July 2011. Among other things, ARNP Liu
14 opined Plaintiff was limited to less than a full range of sedentary work, Tr. 332,
15 and would miss work due to his symptoms, Tr. 449. The ALJ gave ARNP Liu's
16 opinion "little weight," discounting it for the same reasons she discounted the
17 opinions of Drs. Ho and Staley. Tr. 2909 (finding the opinion inconsistent with
18 Plaintiff's "good pain control," "an unremarkable presentation in most treatment
19 notes"; and "generally unhindered daily activities"). Because the ALJ erred by
20 discounting Drs. Ho and Staley's opinion on this ground, she necessarily erred by
21 discounting ARNP Liu's opinion.

22 **4. Stephen Rubin, Ph.D.**

23 Dr. Rubin testified as a medical expert at the 2019 hearing. Tr. 827-29,
24 831-39, 844-45. Although Dr. Rubin's testimony spans over a dozen pages, it
25 appears he offered only one functional assessment: that Plaintiff would miss work
26 one or more days of work per month. Tr. 839, 845. The ALJ first discounted Dr.
27 Rubin's functional assessment opinion on the ground he "did not point to specific

1 evidence of record to support his opinion.” Tr. 2909. Substantial evidence does
2 not support this ground. Dr. Rubin reviewed and specifically referenced Dr.
3 Genthe’s psychological assessment. Tr. 839. The ALJ also discounted the opinion
4 on the ground Dr. Rubin “is not a medical doctor, and is therefore not qualified to
5 draw conclusions regarding the claimant’s physical impairments.” Tr. 2909.
6 However, as stated above, the record makes clear Dr. Rubin’s opinion was
7 informed by Dr. Genthe’s *psychological* assessment. Tr. 839; *see* Tr. 3531. The
8 ALJ accordingly erred by discounting Dr. Rubin’s opinion.

9 **B. Subjective Complaints.**

10 Plaintiff contends the ALJ erred by not properly assessing Plaintiff’s
11 symptom complaints. ECF No. 13 at 4-13. Where, as here, the ALJ determines a
12 claimant has presented objective medical evidence establishing underlying
13 impairments that could cause the symptoms alleged, and there is no affirmative
14 evidence of malingering, the ALJ can only discount the claimant’s testimony as to
15 symptom severity by providing “specific, clear, and convincing” reasons supported
16 by substantial evidence. *Trevizo v. Berryhill*, 871 F.3d 664, 678 (9th Cir. 2017).
17 The Court concludes the ALJ failed to offer clear and convincing reasons to
18 discount Plaintiff’s testimony.

19 The ALJ indicated Plaintiff testified that, since the previous hearing but
20 prior to the onset of the COVID-19 pandemic, he was “having good days and bad
21 days regarding mental health”: “On bad days, he would not get out of bed or leave
22 his house; he had bad days four to five days a week. Currently, he still has good
23 and bad days regarding mental health; now he has bad days three to four days each
24 week.” Tr. 2894. As to Plaintiff’s physical impairments, the ALJ indicated
25 Plaintiff testified his physical pain symptoms “have not changed much over the
26 past two years.” Tr. 2894.

1 The ALJ first discounted Plaintiff's testimony as inconsistent with the
2 medical evidence. Tr. 2895-98, 2899-2900. However, because the ALJ erred by
3 discounting four sets of medical opinions, and necessarily failed to properly
4 evaluate the medical evidence, as discussed above, this is not a valid ground to
5 discount Plaintiff's testimony.

6 The ALJ next discounted Plaintiff's testimony as inconsistent with his
7 activities. However, as discussed above, the minimal activities the ALJ cites do not
8 sufficiently undermine Plaintiff's claims. The ALJ accordingly erred by
9 discounting Plaintiff's testimony on this ground.

10 **VII. CONCLUSION**

11 Plaintiff contends the Court should remand for an immediate award of
12 benefits. ECF No. 13 at 21. Before remanding a case for an award of benefits,
13 three requirements must be met. First, the ALJ must have ““failed to provide
14 legally sufficient reasons for rejecting evidence, whether claimant testimony or
15 medical opinion.”” *Brown-Hunter v. Colvin*, 806 F.3d 487, 495 (9th Cir. 2015)
16 (quoting *Garrison*, 759 F.3d at 1020). Second, the Court must conclude ““the
17 record has been fully developed and further administrative proceedings would
18 serve no useful purpose.”” *Id.* In so doing, the Court considers the existence of
19 ““outstanding issues”” that must be resolved before a disability determination can
20 be made. *Id.* (quoting *Treichler v. Comm'r of Soc. Sec. Admin.*, 775 F.3d 1090,
21 1105 (9th Cir. 2014)). Third, the Court must conclude that, ““if the improperly
22 discredited evidence were credited as true, the ALJ would be required to find the
23 claimant disabled on remand.”” *Id.* (quoting *Garrison*, 759 F.3d at 1021).

25 The Court finds that the three requirements have been met. As discussed
26 above, the ALJ erroneously discounted four sets of medical opinions and
27 Plaintiff's testimony. The Court finds that further proceedings would serve no
28 useful purpose and that if the erroneously discounted evidence were credited,

1 Plaintiff would be found disabled. The Court has no serious doubts as to whether
2 Plaintiff is disabled, and finds that the significant delay and multiple remands from
3 this Court since Plaintiff applied for disability in 2009 also weigh in favor of a
4 finding of disability. Under these extraordinary circumstances, the Court exercises
5 its discretion to remand this matter for a finding of disability.

6 Having reviewed the record and the ALJ's findings, the Commissioner's
7 final decision is **REVERSED** and this case is **REMANDED** for a finding of
8 disability under sentence four of 42 U.S.C. § 405(g). Therefore, **IT IS HEREBY**
9 **ORDERED:**

10 1. Plaintiff's Motion for Summary Judgment, **ECF No. 13**, is
11 **GRANTED.**

12 2. Defendant's Motion for Summary Judgment, **ECF No. 14**, is
13 **DENIED.**

14 3. The District Court Executive is directed to file this Order and provide
15 a copy to counsel for Plaintiff and Defendant. Judgment shall be entered for
16 Plaintiff and the file shall be **CLOSED**.

17 **IT IS SO ORDERED.**

18 DATED March 31, 2023.



20 A handwritten signature in blue ink that appears to read "James A. Goede".
21 JAMES A. GOEKE
22 UNITED STATES MAGISTRATE JUDGE